

Application Data Sheet

Application Information

Application number::	TBA
Filing Date::	08/29/01
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	TOUCH-SENSITIVE DEVICE FOR SCROLLING A DOCUMENT ON A DISPLAY
Attorney Docket Number::	03797.00124
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

[illegible]

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Hugh
Middle Name::	E.
Family Name::	McLoone
Name Suffix::	
City of Residence::	Redmond
State or Province of Residence::	WA
Country of Residence::	U.S.
Street of mailing address::	17124 NE 5 th Street
City of mailing address::	Bellevue
State or Province of mailing address::	WA

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	James
Middle Name::	H.
Family Name::	Cauthorn
Name Suffix::	
City of Residence::	Seattle
State or Province of Residence::	WA
Country of Residence::	U.S.
Street of mailing address::	1403 N 47 th Street
City of mailing address::	Seattle

[illegible]

City of Residence::	Seattle
State or Province of Residence::	WA
Country of Residence::	U.S.
Street of mailing address::	718 15 th Avenue #5

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Timothy
Middle Name::	Michael
Family Name::	Muss
Name Suffix::	

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Initial 08/29/01

City of mailing address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 98115

Correspondence Information

Correspondence Customer Number:: 28319

Representative Information

Representative Customer Number:: 28319

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application			

Assignee Information

Assignee name:: Microsoft Corporation
Street of mailing address:: One Microsoft Way
City of mailing address:: Redmond
State or Province of mailing address:: WA
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 98052